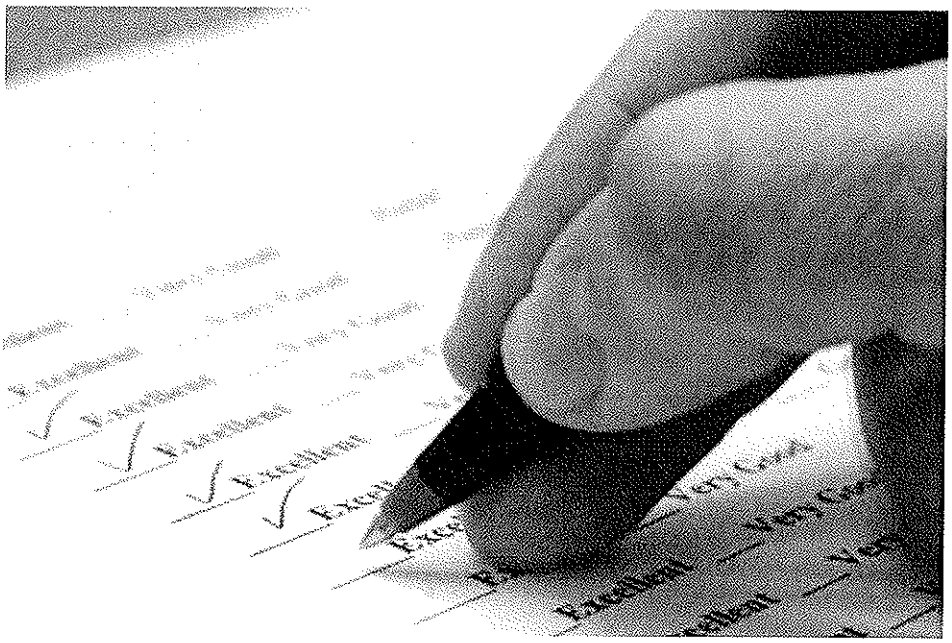

Outcome Measures

Mental Health Services

County of San Diego

Health and Human Services Agency

June 2009

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Executive Summary

The purpose of this document is to help inform and guide individuals through the transition from the currently used assessments (MHRTS & education, employment and housing measures) to the newly selected recovery focused outcome measures (IMR & RMQ). The SATS-R will continue to be used. These instruments have been chosen for their clinical usefulness, ease of administration, and minimal staff time burden. Within this document you will find some information regarding each of the new outcome measures, a step-by-step tutorial on how to use these new measures, and sample client recovery report.

Evaluation of Outcome Measures

In order to improve the assessment of health outcomes, San Diego County Adult and Older Adult Mental Health Services contracted with UCSD's Health Services Research Center (HSRC) to review instruments that would measure recovery from three perspectives, (1) recovery orientation of the system, (2) client perception of his/her recovery, and (3) clinician perception of client recovery.

After having gathered evidence from academic research, professional review of instruments, pilot tests, focus groups with clients and providers, and an ongoing advisory group of County contracted programs and county mental health administration, several outcome measures have been chosen for implementation. These outcome measures will replace the currently used MHRTS and the Employment, Education and Housing measures (the Community Functioning Evaluation is no longer required by County Mental Health QI).

Implementation Timeline

UCSD HSRC, County Mental Health's contractor, will be assisting providers to implement these measures. Each provider will receive an on-site training in July or August of 2009. Immediately after the training, the provider will switch to the new IMR and RMQ tools and stop using the MHRTS and Employment, Education and Housing measures.

Description of Selected Outcome Measures

RMQ—To measure client perception of individual recovery the Recovery Markers Questionnaire (RMQ) will be used. The RMQ is a 24 item questionnaire developed by the Yale Program for Recovery and Community Health. All clients will be asked to complete the RMQ.

IMR—To measure clinician perception of client recovery the clinician version of the Illness Management and Recovery (IMR) scale will be used. The IMR has 15 items, each addressing a different aspect of illness management and recovery. Each item could function as a domain for improvement. Clinical staff members will be completing the IMR.

RSA & ROSI—ADP—Although not included in this document, several outcome measures were also selected to measure the extent to which our system is recovery oriented. To measure the recovery orientation of the system the Recovery Self-Assessment (RSA) and the Administrative Data Profile of the Recovery Oriented System Indicators (ROSI-ADP) will be used. The RSA is a 36-item questionnaire that will be completed by program staff. The RSA assesses recovery orientation in the domains of life goals, client involvement, diversity of treatment options, client choice, and cultural competency. The ROSI-ADP does not involve questionnaires; rather, it is a set of calculations that uses existing data to express the amount of resources invested in recovery-based activities (such as peer support and client choice, shared decision making, system recovery orientation, and access to services).

Because you will not be required to use the RSA until a later date, it will not be discussed in this document.

Summary of Outcome Measures

Client Perception of Individual Recovery

Recovery Markers Questionnaire (RMQ)

Clinician Perception of Progress

Illness Management and Recovery (IMR) Scale

Recovery Orientation of the System

Recovery Self-Assessment (RSA)

Recovery Oriented System Indicators (ROSI-ADP)

Measure	Strengths	Weaknesses	Est. Time to Complete
RMQ	• Provides opportunity for comprehensive assessment. • Agencies can learn where consumers are in the recovery process. • Well researched and validated. • Minimizes provider burden.	• Only gathers information from consumers.	5-10 mins
IMR	• Strong face validity. • Brief and easily administered. • Includes objective descriptors for ratings.	• Predictive validity still needs to be assessed. • May need to be completed as an interview with clients in situations wherein client is being seen for the first time..	15 mins
RSA	• Strong link to theory. • Participatory process of development. • Strong face validity and internal consistency . • Easy to administer and score.	• May be more prone to socially desirable responses. • Consumer measures dependent on individual knowledge of agency practices.	5-10 mins
ROSI-ADP	• Rigorous development grounded in consumer experiences. • Administrative data profile can be created without the burden of additional questionnaires to complete.	• Limited depth of assessment of recovery orientation of the service systems.	N/A

Recovery Markers Questionnaire (RMQ)

The RMQ is a free-standing subscale of the Recovery Enhancing Environment Measure (REE).

Aim: The Recovery Markers Questionnaire (RMQ) was developed to provide the mental health field with a multifaceted measure that collects information on personal recovery.

Conceptual Foundation: Mental health recovery is a concept that is evolving through greater understanding of the lived experience of resilience and rebound among people with serious psychiatric disabilities. The instrument is a consumer-driven assessment of the service user's own state, and his or her preferences, needs and desires, and assessments concerning the assistance provided by the helping system that support and uphold recovery. Recovery is viewed as a complex multi-stage, multi-faceted journey experienced by people with prolonged psychiatric disorders, which can be facilitated and/or impeded by the formal helping system. While the journey of recovery is unique for each person, general patterns can be discerned from the experience of groups of service users. Recovery must be consumer-driven; therefore transformation of service settings to better facilitate and support personal recovery should focus primarily upon the voice, experiences, and preferences of service recipients.

Development: Consumer/survivors, members of racial and ethnic minority groups, and researchers were involved in the development of the RMQ. The items were developed based upon: consumers' first person accounts of their recovery and the supports that assisted them in this process; an informal review of practices that are believed to promote recovery, i.e. promising practices; and a review of literature on factors that promote resilience or "rebound from adversity" in general. The RMQ measure was pre-tested, refined, and was psychometrically tested and revised before being finalized (Ridgway & Press, 2004).

Items and Domains: The RMQ includes 27 Likert Scale items, with a 5-point agreement response scale ranging from "strongly agree" to "strongly disagree," regarding the recovery process and intermediate outcomes.

Populations: The RMQ is intended for use with adults from diverse ethnic/racial backgrounds who have been diagnosed with a serious mental illness or who have a dual diagnosis. Individuals from several ethnic/racial groups were included in the sample during testing: Black or African American (limited testing), White, Hispanic or Latino (limited testing), and limited testing with members from other minority groups.

Service Settings: The RMQ is intended for use with individuals who receive services in outpatient service settings, peer-run programs, residential service settings, and comprehensive community support programs. Testing of the instrument included data gathered from individuals receiving services in all of the above mentioned settings except for peer-run programs.

Frequency of Administration: The RMQ should be completed by clients within 30 days of their initial intake assessment, and every follow-up treatment planning to follow. This is annually for meds only clients, and twice a year for all other clients.

Translations: A Spanish translation is underway.

Recovery Markers Questionnaire (RMQ)

DATE: ☐☐/☐☐/☐☐☐☐ STAFF ID #: ☐☐☐☐☐☐☐☐☐

CLIENT CASE #: ☐☐☐☐☐☐☐☐☐ UNIT/SUB-UNIT: ☐☐☐☐/☐☐☐☐☐

For each of the following questions, please fill in the answer that is true for you now.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
My living situation is safe and feels like home to me.	○	○	○	○	○
I have trusted people I can turn to for help.	○	○	○	○	○
I have at least one close mutual (give-and-take) relationship.	○	○	○	○	○
I am involved in meaningful productive activities.	○	○	○	○	○
My psychiatric symptoms are under control.	○	○	○	○	○
I have enough income to meet my needs.	○	○	○	○	○
I am not working, but see myself working within 6 months.	○	○	○	○	○
I am learning new things that are important to me.	○	○	○	○	○
I am in good physical health.	○	○	○	○	○
I have a positive spiritual life/connection to a higher power.	○	○	○	○	○
I like and respect myself.	○	○	○	○	○
I am using my personal strengths skills or talents.	○	○	○	○	○
I have goals I'm working to achieve.	○	○	○	○	○
I have reasons to get out of bed in the morning.	○	○	○	○	○
I have more good days than bad.	○	○	○	○	○
I have a decent quality of life.	○	○	○	○	○
I control the important decisions in my life.	○	○	○	○	○
I contribute to my community.	○	○	○	○	○
I am growing as a person.	○	○	○	○	○
I have a sense of belonging.	○	○	○	○	○
I feel alert and alive.	○	○	○	○	○
I feel hopeful about my future.	○	○	○	○	○
I am able to deal with stress.	○	○	○	○	○
I believe I can make positive changes in my life.	○	○	○	○	○
My symptoms are bothering me less since starting services here	○	○	○	○	○
I deal more effectively with daily problems since starting services here	○	○	○	○	○

	Yes	No
I am working part time (less than 35 hours a week)	○	○
I am working full time (35 or more hours per week)	○	○
I am in school	○	○
I am volunteering	○	○
I am in a work training program	○	○
I am seeking employment	○	○
I am retired	○	○
I regularly visit a clubhouse or peer support program	○	○

YOUR INVOLVEMENT IN THE RECOVERY PROCESS: Which of the following statements is most true for you?

○	I have never heard of, or thought about, recovery from psychiatric disability
○	I do not believe I have any need to recover from psychiatric problems
○	I have not had the time to really consider recovery
○	I've been thinking about recovery, but haven't decided yet
○	I am committed to my recovery, and am making plans to take action very soon
○	I am actively involved in the process of recovery from psychiatric disability
○	I was actively moving toward recovery, but now I'm not because:
○	I feel that I am fully recovered; I just have to maintain my gains
○	Other (specify):_____

Client could not complete because: ○ language ○ refused ○ unable ○ other (please specify):_____

NOTE: This form can be faxed confidentially to (858) 622-1795 with cover page.

Illness Management and Recovery (IMR)

Aim: Researchers developed the Illness Management and Recovery (IMR) Scales (Mueser, Gingerich, Salyers, McGuire, Reyes, & Cunningham, 2004) to measure outcomes targeted by the Illness Management and Recovery Program. The IMR program is an evidence-based practice designed to assist individuals with psychiatric disabilities develop personal strategies to manage their mental illness and advance toward their goals.

Conceptual Foundation: The IMR Scales were developed as a measure of illness management, based on the stress-vulnerability model of severe mental illness. According to this model, the severity of a mental illness and likelihood of relapses are determined by the interaction between biological vulnerability and socio-environmental stressors, both of which can be influenced. Biological vulnerability can be reduced by adherence to prescribed medications and reduction or avoidance of alcohol or drug use. The effects of stress on vulnerability can be reduced by improved coping skills, social support, and involvement in meaningful activities.

Development: Consumer/survivors, family/friends of consumer/survivor, members of racial and ethnic minority groups, providers, researchers, and advocates contributed to the development of the instrument. Items were generated by IMR program practitioners and consumers in order to tap the various content areas targeted by the IMR program with as few items as possible. Feedback was obtained from other clinicians and consumers about item selection and wording, and modifications were made accordingly.

Items and Domains: The IMR includes 15 Likert Scale items, with a 5-point response scale wherein response anchors vary depending upon the item. The scales are not divided into domains. Rather, each item addresses a different aspect of illness, management, and recovery.

Populations: The IMR Scales are intended to be used to assess adults from diverse ethnic/racial backgrounds who have been diagnosed with a serious mental illness, including those who have a dual diagnosis. Testing of the instrument included an ethnically/racially diverse sample (Asian, Black or African American, White, Hispanic or Latino) of respondents who had a diagnosis of serious mental illness, some of whom had a dual diagnosis.

Service Settings: The IMR Scales are intended for use in an array of service settings including the criminal justice system, inpatient service settings, outpatient service settings, peer-run programs, and residential service settings. Testing was conducted using a sample of respondents drawn from an outpatient service setting.

Frequency of Administration: The IMR should be completed by clinicians within 30 days of their initial intake assessment, and every follow-up treatment planning to follow. This is annually for meds only clients, and twice a year for all other clients.

Translations: Hebrew. A Spanish translation is underway.

Recovery Scale: IMR Clinician Version

DATE: | | | / | | | / | | | | |

CLIENT CASE #: | | | | | | | | | |

STAFF ID #: | | | | | | | | | |

UNIT/SUB-UNIT: | | | | | / | | | | |

1. Progress towards personal goals: In the past 3 months, s/he has come up with…

○	○	○	○	○
No personal goals	A personal goal, but has not done anything to finish the goal	A personal goal and made it a little way toward finishing it	A personal goal and has gotten pretty far in finishing the goal	A personal goal and has finished it

2. Knowledge: How much do you feel your client knows about symptoms, treatment, coping strategies (coping methods), and medication?

○	○	○	○	○
Not very much	A little	Some	Quite a bit	A great deal

3. Involvement of family and friends in my mental health treatment: How much are people like family, friends, boyfriends/girlfriends, and other people who are important to your client (outside the mental health agency) involved in his/her mental health treatment?

○	○	○	○	○
Not at all	Only when there is a serious problem	Sometimes, like when things are starting to go badly	Much of the time	A lot of the time and they really help with his/her mental health

4. Contact with people outside of my family: In a normal week, how many times does s/he talk to someone outside of his/her family (like a friend, co-worker, classmate, roommate, etc.)

○	○	○	○	○
0 times/week	1-2 times/week	3-4 times/week	6-7 times/week	8 or more times/week

5. Time in Structured Roles: How much time does s/he spend working, volunteering, being a student, being a parent, taking care of someone else or someone else's house or apartment? That is, how much time does s/he spend in doing activities for or with another person that are expected of him/her? (This would not include self-care or personal home maintenance.)

○	○	○	○	○
2 hours or less/week	3-5 hours/week	6-15 hours/week	16-30 hours/week	More than 30 hours/wk

6. Symptom distress: How much do symptoms bother him/her?

○	○	○	○	○
Symptoms really bother him/her a lot	Symptoms bother him/her quite a bit	Symptoms bother him/her somewhat	Symptoms bother him/her very little	Symptoms don't bother him/her at all

7. Impairment of functioning: How much do symptoms get in the way of him/her doing things that s/he would like to do or need to do?

○	○	○	○	○
Symptoms really get in his/her way a lot	Symptoms get in his/her way quite a bit	Symptoms get in his/her way somewhat	Symptoms get in his/her way very little	Symptoms don't get in his/her way at all

8. Relapse Prevention Planning: Which of the following would best describe what s/he knows and has done in order not to have a relapse?

○	○	○	○	○
Doesn't know how to prevent relapses	Knows a little, but hasn't made a relapse prevention plan	Knows 1 or 2 things to do, but doesn't have a written plan	Knows several things to do, but doesn't have a written plan	Has a written a plan and has shared it with others

9. Relapse of Symptoms: When is the last time s/he had a relapse of symptoms (that is, when his/her symptoms have gotten much worse)?

○	○	○	○	○
Within the last month	In the past 2 to 3 months	In the past 4 to 6 months	In the past 7 to 12 months	Hasn't had a relapse in the past year

NOTE: This form can be faxed confidentially to (858) 622-1795 with cover page.

Recovery Scale: IMR Clinician Version

DATE: | | | / | | | / | | | | | STAFF ID #: | | | | | | | | | |

CLIENT CASE #: | | | | | | | | | | UNIT/SUB-UNIT: | | | | | / | | | | |

10. Psychiatric Hospitalizations: When is the last time s/he has been hospitalized for mental health or substance abuse reasons?

○	○	○	○	○
Within the last month	In the past 2 to 3 months	In the past 4 to 6 months	In the past 7 to 12 months	No hospitalization in the past year

11. Coping: How well do feel your client is coping with his/her mental or emotional illness from day to day?

○	○	○	○	○
Not well at all	Not very well	Alright	Well	Very well

12. Involvement with self-help activities: How involved is s/he in consumer run services, peer support groups, Alcoholics Anonymous, drop-in centers, WRAP (Wellness Recovery Action Plan), or other similar self-help programs?

○	○	○	○	○
Doesn't know about any self-help activities	Knows about some self-help activities, but isn't interested	Is interested in self-help activities, but hasn't participated in the past year	Participates in self-help activities occasionally	Participates in self-help activities regularly

13. Using Medication Effectively: (Don't answer this question if his/her doctor has not prescribed medication). How often does s/he take his/her medication as prescribed?

○	○	○	○	○
Never	Occasionally	About half the time	Most of the time	Every day

____ Check here if the client is not prescribed psychiatric medications.

14. Impairment of functioning through alcohol use: Drinking can interfere with functioning when it contributes to conflict in relationships, or to financial, housing and legal concerns, to difficulty showing up at appointments or focusing during them, or to increases of symptoms. Over the past 3 months, did alcohol use get in the way of his/her functioning?

○	○	○	○	○
Alcohol use really gets his/her way a lot	Alcohol use gets in his/her way quite a bit	Alcohol use gets in his/her way somewhat	Alcohol use gets in his/her way very little	Alcohol use is not a factor in his/her functioning

15. Impairment of functioning through drug use: Using street drugs, and misusing prescription or over-the-counter medication can interfere with functioning when it contributes to conflict in relationships, or to financial, housing and legal concerns, to difficulty showing up at appointments or focusing during them, or to increases of symptoms. Over the past 3 months, did drug use get in the way of his/her functioning?

○	○	○	○	○
Drug use really gets in his/her way a lot	Drug use gets in his/her way quite a bit	Drug use gets in his/her way somewhat	Drug use gets in his/her way very little	Drug use is not a factor in his/her functioning

Please complete the following items if the client is being seen for his/her follow-up treatment planning.

	Yes	**No**	**No goal on client's plan**
16. Has the client demonstrated progress towards achieving his/her **employment goal** since the last treatment planning?	○	○	○
17. Has the client demonstrated progress towards achieving his/her **housing goal** since the last treatment planning?	○	○	○
18. Has the client demonstrated progress towards achieving his/her **education goal** since the last treatment planning?	○	○	○

Outcome Measures Tutorial

Recovery Markers Questionnaire (RMQ)
Illness Management and Recovery (IMR)

Objective: Learn the steps to correctly use the Recovery Markers Questionnaire (RMQ) and the Illness Management and Recovery (IMR) measures. Also learn more about the clinical usefulness of these measures and how to incorporate them into treatment planning.

Background: San Diego County Mental Health will assess recovery from three perspectives: self-reported client recovery, clinician assessment of client recovery, and the recovery orientation of the system. The RMQ and IMR will be used to assess personal recovery of the client. Specifically, the RMQ will be used to assess client recovery from the perspective of the client, and the IMR will be used to assess client recovery from the perspective of the clinician. By using both measures, we can gain a more complete assessment of client recovery.

Who completes the RMQ and IMR?

RMQ: **Clients** will be given an RMQ to assess their own personal recovery. For now, clients will complete the RMQ on paper.

IMR: Clinicians will be asked to complete an IMR for each client as a measure of client recovery. In cases wherein clients see several different program staff at intake and throughout their involvement in the treatment program, the **clinical staff member who works very closely** with the client throughout the therapeutic process should complete the IMR. This can be a team leader, case manager, clinician, etc.

When do I complete the RMQ and IMR?

Staff: Program staff should complete their IMR once a client has entered the program, and again at follow-up treatment planning. Specifically, **when a new client enters the program**, the staff member who will be working most closely with this client must complete the IMR. When **following-up on treatment planning**, the staff member who has worked most closely with that client should complete an IMR. An IMR should be completed soon after intake, and at each instance of follow-up treatment planning. This is every six months for most, annually for meds only clients.

Client: All new clients, and clients with follow-up treatment planning, should be asked to complete an RMQ. We suggest asking clients to complete this measure **while awaiting their appointment**, or immediately afterwards, as this time may be most convenient. Program staff should **collect all clients' measures during their first days with the program, and during follow-up treatment planning.**

How do I complete the RMQ and IMR?

Staff: Program staff should complete their IMR by filling in their responses on the IMR.

Client: All new clients, and clients with follow-up treatment planning, should be asked to complete the measures. We suggest asking clients to complete these assessments **while awaiting their appointment**, or immediately afterwards, as this time may be most convenient. If clients require assistance, staff can help them complete the assessments. Ideally, this could be done by a peer or volunteer. Program staff should **collect all clients' measures during their first days with the program, and during follow-up treatment planning** . If a client is unable to complete the RMQ, please indicate the reason why on the bottom. When the client is finished, make sure to **collect their RMQs.**

How do I send the completed RMQs and IMRs to HSRC?

Now: All completed RMQs and IMRs should be **faxed to HSRC** at **(858) 622-1795** with a standard

cover page. Once faxed, you may place the **original measures in the clients' charts** for your own records. The measures and cover page are available at **http://hoap.ucsd.edu/outcomes.**

If your program is unable to fax the measures to HSRC, you may mail the completed measures to HSRC via USPS. Please mail the forms to the address indicated below.

Future: We are currently setting up a system wherein the RMQs and IMRs may be completed online. In approximately 6 months, IMRs will be completed online through Anasazi, and RMQs will be completed online through another information system. When this capability becomes available, we will inform you on how to complete your measures online.

Will I get reports of client data?

HSRC will combine clients' RMQ data with their IMR data. Reports summarizing client recovery will be available to program staff at **http://hoap.ucsd.edu/outcomes** by clicking the link "**Client Recovery Report.**" An example of the Client Recovery Report can be seen on page 13.

Due to the confidential nature of client information, these reports will only be accessible through a secure log-in system. All staff must register a password by clicking "**I have not yet registered.**" A program supervisor has been designated to grant staff members access to this log-in system. Specifically, when staff members register to obtain access, this program supervisor will receive email notifications. The program supervisor must then log-in to the website and approve access for the awaiting staff members.

What's in it for me?

Client Recovery: County Mental Health strives towards a recovery oriented system. To ensure we are in fact reaching this goal, it is crucial to assess whether or not clients are recovering. Using these assessments will help measure clients' progress towards recovery.

Clinical Usefulness: These measures were chosen to be clinically useful in addition to measuring outcomes. Completing these measures will not only help further inform clinicians, but may also enhance communication with the client and help guide the therapeutic process. Client responses on the recovery measures can reveal important information for the therapist. By assessing client recovery with the IMR, clinicians may see a need to address some important issues they may otherwise have overlooked. The IMR can also be used to identify strengths, helpful when clients are taking on recovery efforts in new areas. For peer or student therapists, completing the RMQ with the client can provide a meaningful structured activity that is very likely to inspire therapeutic dialogue on important recovery issues.

Balanced Workload: As soon as your organization begins to use the RMQ and IMR, you will be able to balance staff workload by eliminating the Mental Health Recovery Treatment Scale (MHRTS), and the three measures of employment, education, and housing. Providers who have still been using the Community Functioning Evaluation may also eliminate that tool. If the IMR and RMQ are completed with the client, it is considered to be a therapeutic activity, which is part of the assessment, and can be billed accordingly.

Who can I contact if I have questions later?

Please feel free to contact Marisa Sklar or Andrew Sarkin at HSRC if you have any questions. Their contact information is as follows:

E-mail: Marisa Sklar, masklar@ucsd.edu; Andrew Sarkin, asarkin@ucsd.edu
Telephone: (858) 622-1771 (Health Services Research Center)
Address: UCSD HSRC
5440 Morehouse Drive, #3500
San Diego, CA 92121
Att: Jennifer Leich

For concerns about the new tools, you can also contact Kathy Anderson in the QI Unit of County Mental Health. She can be reached by phone at 619-563-2778 or by email: Kathy.anderson@sdcounty.ca.gov

Client Recovery Report

As data is collected on clients' progression towards recovery, HSRC will provide program staff with a report consolidating client data. Below you will find a sample Client Recovery Report.

Client Recovery Report

Date: _____

Client Case#: _____

Server ID #: _____

Unit/Sub-Unit#: | | | | | | | | |

Self-Rated Recovery (RMQ)

Average Self -Rating

4.7

1-5 rating, based on 24-item RMQ scale

Stage of Involvement in Recovery

I was actively moving toward recovery, but now I'm not because I started smoking pot again and then I stopped taking my meds.

Critical Issues	
My psychiatric symptoms are under control.	Agree
I have a decent quality of life.	Strongly agree
I am involved in meaningful, productive activities.	Disagree
I have more good days than bad.	Strongly agree

Work or School

I am working part time (less than 35 hours a week) and attending school.

Clinician-Rated Recovery (IMR)

In the Past 3 months the client...

Progress towards personal goals
4 — *Had a goal and made some progress finishing it..*

Client knowledge
4 — *Knew quite a bit about symptoms/treatment.*

Family and friends
3 — *Are involved much of the time.*

Contact with people outside the family
3 — *Talks with others 8 or more times/week.*

Time structured roles
4 — *Spent 6-15 hrs/wk in expected activities.*

Symptom distress
4 — *Symptoms bother him/her very little.*

Impairment of functioning
4 — *Symptoms get in his/her way somewhat.*

Relapse prevention planning
3 — *Knows several things, but no written plan.*

Symptoms relapse
5 — *Has not had a relapse in the past year.*

Psychiatric hospitalizations
5 — *No hospitalizations in the past year.*

Coping
5 — *is coping very well day to day.*

Involvement in self-help activities
3 — *Is interested in activities, but not involved in past year.*

Use of medication
4 — *Takes meds as prescribed most of the time.*

Alcohol use impairment
5 — *Alcohol is not a factor in his/her functioning.*

Drug use impairment
5 — *Drug use is not a factor in his/her functioning.*

Average Clinician Rating

1-5 rating based on 15-item IMR scale

4.3

Procedure for Measuring Functional Improvement Outcome – SATS-R

Objective For clients in dual diagnosis treatment while in the program, at least 75% will remain stable or advance by one or more stages after 6 months of treatment and every 6 months thereafter.

Population Clients in dual diagnosis treatment within the program for 6 months or longer.

Timelines Baseline at time of start of Dual Diagnosis (DDx) Treatment then twice per year, at annual update to client plan, and at 6-month interval.

Definition Of "functional improvement or stabilization" 75% of clients entering Dual Diagnosis (DDx)[1] Treatment within the program shall remain stable or advance by one or more stages as measured by current status versus six-month-prior status, using the identified measurement scale.

Introduction The Substance Abuse Treatment Scale- Revised (SATS-R)[2] is a tool for assessing a person's stage of substance abuse treatment, not for determining diagnosis.

Procedure: From *Specialty Mental Health Services for Clients with Co-occurring Substance Use Problems* Policy # *01-06-117 Access and Assessment*: "Consequently, the presence of substance use should be explored with all clients and caretakers as part of routine screening at the point of initial evaluation, as well as during the course of ongoing treatment." The clinician shall follow the policy guidelines for referrals to substance abuse treatment outside the program.

- Upon determining the client is eligible for DDx treatment interventions while in the program (such as brief individual or group modalities), the clinician shall assess the client's stage of treatment level utilizing the SATS-R scale on the date that corresponds to when the client entered DDx treatment.
- The clinician shall reassess the client's level at each client plan update as long as the client remains in DDx treatment at the program.
- The clinician shall document on the SATS-R form the level chosen and the justification for the choice.
- The SATS-R form shall be stored in the medical record in the Assessment Section.
- The clinician shall track all clients entering DDx treatment similarly and provide the names, dates and levels to the Program Manager.
- The Program Manager shall record baseline and interval levels on an approved spreadsheet and report the results monthly in the Monthly Status Report (MSR).
- The Program Monitor will review the results, check for adherence to the outcome standard, and identify if a plan of correction is needed.
- Quality Improvement (QI) will track and trend the data provided on the MSR

[1] The terms "Dual Diagnosis" and "Co-occurring Disorders" are to be considered interchangeable where used.

[2] The Substance Abuse Treatment Scale- Revised is used with permission:
From *Integrated Treatment for Dual Disorders* by Kim T. Mueser, Douglas L. Noordsy, Robert E. Drake, and Lindy Fox. Copyright 2003 by The Guilford Press: New York.

Substance Abuse Treatment Scale - Revised (SATS-R)

From *Integrated Treatment for Dual Disorders* by Kim T. Mueser, Douglas L. Noordsy, Robert E. Drake, and Lindy Fox.

Instructions: This scale is for assessing a person's stage of substance abuse treatment, not for determining diagnosis. The reporting interval is 6 months. The clinician will document in a progress note what level was chosen and the justification for the choice. The clinician will provide the names, dates and scores to the Program Manager monthly.

1. ***Pre-engagement.*** The person (not yet a client) does not have contact with a case manager, mental health counselor or substance abuse counselor, and meets criteria for substance abuse or dependence.

2. ***Engagement.*** The client has had only irregular contact with an assigned case manager or counselor, and meets criteria for substance abuse or dependence.

3. ***Early Persuasion.*** The client has regular contacts with a case manager or counselor; continues to use the same amount of substances, or has reduced substance use for less than 2 weeks; and meets criteria for substance abuse or dependence.

4. ***Late Persuasion.*** The client has regular contacts with a case manager or counselor; shows evidence of reduction in use for the past 2-4 weeks (fewer drugs, smaller quantities, or both); but still meets criteria for substance abuse or dependence.

5. ***Early Active Treatment.*** The client is engaged in treatment and has reduced substance use for more than the past month, but still meets criteria for substance abuse or dependence during this period of reduction.

6. ***Late Active Treatment.*** The person is engaged in treatment, and has not met criteria for substance abuse or dependence for the past 1-5 months.

7. ***Relapse Prevention.*** The client is engaged in treatment, and has not met criteria for substance abuse or dependence for the past 6-12 months.

8. ***In Remission or Recovery.*** The client has not met criteria for substance abuse or dependence for more than the past year.

Client Initial Level: _____	Client Plan Update: _____	Client Plan Update: _____
Date: _____	Date: _____	Date: _____
Clinician/Title: _____	Clinician/Title: _____	Clinician/Title: _____

County of San Diego Health and Human Services Agency Mental Health Services **Substance Abuse Treatment Scale-Revised** (SATS-R)	Client Name: _____ Client ID #: _____ Program: _____

Note: Use new sheets for any 4th quarter and subsequent evaluations.